

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H43801

1. Entity Name

DYNAMIC REPRESENTATIVES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90049 009 ***150.00

Principal Place of Business

Mailing Address

4230 5TH AVENUE N.W.

P.O. BOX 180939 NA

P.O. DRAWER 180939

P.O. BOX 180939, N/A

CASSELBERRY FL 32716

CASSELBERRY-FL-32716-0939
US

A0031642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4230 5th Ave NW
Suite, Apt. #, etc.

4230 5th Ave NW
Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Naples, FL

Zip Country
34119 Collier 34119 Collier

4. FEI Number 59-2501878

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHIGHAM, FRANK C.
200 WEST FIRST STREET
SUITE 22, SUN BANK BLDG
SANFORD FL 32771

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WEBB, JOHN
4230 5TH AVENUE N.W.
NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WEBB, REGINA H
4230 5TH AVE NW
NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Regina H Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2000 - 828/654-7424
Date Daytime Phone

CR2E034 (9/99)